

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024600

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6356

STATE FILE NUMBER

FILED JUL 6 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis.

c. CITY OR TOWN Ferguson

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION Jewish HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
#5 Thackery Ct.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Mae

Middle

Last Favaloro

4. DATE OF DEATH

Month June

Day 26

Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/4/1909

9. AGE (last birthday) 52

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Garment Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Topeka, Kansas.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Elmer Snyder

13b. MOTHER'S MAIDEN NAME

Bertha Harmon

14. NAME OF HUSBAND OR WIFE

Gus

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No.

Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Gus Favaloro, # 5 Thackery Ct.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of breast, metastatic

INTERVAL BETWEEN ONSET AND DEATH

6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

170X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/9/62 to 6/26/62 and last saw him alive on 6/25/62
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Alvin S. Weninger, M.D.

8112 Delmar

6/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

6-29-62

Calvary Cemetery

St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

25. REGISTRAR'S SIGNATURE

Bensiek-Niehaus Morticians, 1431 Union

JUN 27 1962

Loan Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1.

3

4 1

5 1

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7 1

8 2

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12 64-0

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64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edmond H. Camelinus

Licensed Embalmer No.

4283

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.